



MEDICAL AUTHORIZATION FORM

Summer 2016

PLEASE READ INFORMATION AND PROCEDURES ON REVERSE SIDE

I hereby authorize the City of Fairfax Summer Day Camp Program personnel to administer _____ as directed by the physician. I agree to release, indemnify, and hold harmless the City of Fairfax, Summer Day Camp Program and any of their officers, staff members, or agents from lawsuit, claim, expense, demand, or action against them for administering the medication, provided they follow the physician order as written below. I am aware that the medication may be administered by a specifically trained non-health professional. I have read the procedures outlined on this form and assume responsibility as required. **I understand that all medication left at the site will be destroyed on August 26, 2016.**

Child Name (Last, First, Middle) _____

Date of Birth _____

Parent or Guardian Signature _____

Daytime Telephone _____ Date _____

Medications are usually administered by non-health professionals. These persons are given basic training by the City of Fairfax Fire and Rescue Department to administer the medication. It should be noted that these staff members are not trained observers. They cannot observe for the development of symptoms before administering the medication. The City of Fairfax Parks and Recreation Department discourages the use of medication by children in our program during the summer camp day. Any necessary medication that possibly can be taken before or after camp should be so prescribed. Injectable medications are not administered at camp except in specific emergency situations. Camp personnel will, when it is absolutely necessary, administer medication during the camp day and while participating in outdoor programs, according to the procedures outlined on the back of the form. Information should be written in lay language with no abbreviations.

DIAGNOSIS _____

MEDICATIONS _____

If medication is given on an as-needed basis, specify the symptoms or conditions when medication is to be taken and the time at which it may be given again.

DOSAGE TO BE GIVEN AT CAMP _____

TIME(S) OR INTERVAL BETWEEN TIMES TO BE GIVEN _____

Physician Name (Print or Type) _____

Physician Signature _____

Telephone _____

I authorize the Summer Recreation Staff to administer physician-prescribed medication to my child during recreation hours. I understand that the staff member administering the medication may be inexperienced.

Parent or Guardian Name (Print or Type) _____

Parent or Guardian Signature _____

Telephone _____ Date _____

Effective Date: From June 29, 2016 until August 19, 2016.

Site Use Only:

Check as appropriate:

- The above document is complete including signatures. (It is acceptable if all items in part II are written on the physician's stationery or a prescription pad.)
- Medication is appropriately labeled.

PARENT INFORMATION ABOUT MEDICATION PROCEDURES

1. Medications should be taken at home whenever possible. Any medication taken at camp must have a physician order. Medication must be kept in the camp-approved location during the school day. The parent or guardian must transport medications to and from camp.

2. No medication may be accepted by camp personnel without receipt of completed and appropriate medication forms.

3. A physician may use office stationery or a prescription pad in lieu of completing part II. Include the following information written in lay language with no abbreviations:

- name of child.
- date of birth.
- reason for medication or diagnosis.
- name of medication.
- exact dosage to be taken in school.
- time to take medication and frequency or exact time interval dosage is to be administered.
- sequence in which the medications should be taken in cases where more than one medication is prescribed.
- if medication is given on an as-needed basis, specify the exact conditions or symptoms when medication
- is to be taken and the time at which it may be given again. (“Repeat as necessary” is unacceptable.)
- duration of medication order or effective dates.
- physician's signature.
- date.

4. All prescription medications, including physician's prescription drug samples, **must** be in their original containers and labeled by a physician or pharmacist. An over-the-counter medication **must** be in the original container with the name of the medication visible. The parent or guardian must label the original container with the following:

- Name of child.
- Exact dosage to be taken in school.
- Frequency or time interval dosage is to be administered.

5. The first dose of any new medication must be given at home.

6. A parent is to collect any unused medication on the last day of the Summer Day Camp Program or after the end of expiration of order. Medication not claimed within that period shall be destroyed.

The following chart is for staff use only:

[illegible]

Staff: Please complete all information daily at the time medication is administered.